



**BIRTH AND DEVELOPMENTAL HISTORY**

During this pregnancy, did the mother experience any unusual illness, condition or accident, such as German measles, false labor, RH incompatibility? If so, describe:

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Length of Pregnancy: \_\_\_\_\_

Duration of Labor: \_\_\_\_\_

Place: \_\_\_\_\_

Birth weight: \_\_\_\_\_

C-section or Vaginal Delivery \_\_\_\_\_

Any medication taken during pregnancy: \_\_\_\_\_

Other significant birth history/Unusual condition at or immediately after birth:

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Did the infant have feeding problems? Seizures?

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**DEVELOPMENTAL MILESTONES**

When did the child first hold up his/her head?

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When did the child begin to sit unassisted?

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When did the child begin babbling?

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When did the child begin crawling?

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When did the child begin standing?

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When did the child begin walking?

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Does the child fall or lose balance easily?

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Does the child seem awkward or uncoordinated?

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Weight of child at present

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Height of child at present

**MEDICAL/SOCIAL/EMOTIONAL HISTORY**

List below all illnesses, accidents, and operations that the child has had and indicate the severity:

Illness etc.                      Age of child                      Duration                      Severity                      After effects

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Is there a history of middle ear infections? \_\_\_\_\_

If yes at what age? \_\_\_\_\_

Does the child have any allergies? Asthma? \_\_\_\_\_

Is the child taking any medication at the present time? \_\_\_\_\_

If yes please list the medications and the reason for taking them: \_\_\_\_\_

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Has the child been seen by any other doctor other than his/her regular doctor? Explain.

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What is the child's overall general health?

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Is there any history or neurological, hearing, psychological or hereditary problems in the immediate family or parents' families?

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If so please describe.

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Is the child "nervous"?

How does he/she show it? \_\_\_\_\_

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Has s/he been harder to manage than other children?

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At what age did the child enter school?

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Were grades repeated?

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Has s/he ever been evaluated in school?

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Is s/he in regular or special education?

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How is his/her reading ability? (at grade level, below, above)

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Does s/he receive any special services in school? (e.g. reading, speech)

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Does child separate from parent?

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Does the child have good eye contact?

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How does the child interact with other adults? With other children?

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What is the child's favorite toy or activity?

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**AUDIOLOGICAL:**

Has an audiological evaluation been conducted? If yes when and where?

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**FEEDING ISSUES**

Does the child drink using a cup? A straw?

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Does the child feed him/herself? What utensils does the child use?

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Does the child have difficulty chewing or swallowing?

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**SPEECH & LANGUAGE HISTORY**

Does the child follow commands?

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Does the child point and gesture?

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Does the child identify body parts, shapes, colors?

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Does the child identify familiar objects?

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At what age did the child say his/her first words?

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What were they?

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Did s/he produce one or two words and then after a long time produce others?

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Did s/he keep adding words once s/he started to talk?

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At what age did s/he make small sentences such as: "Want drink" or "Me out"?

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Does the child imitate speech?

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Does the child answer "wh" or yes/no questions?

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Does the child label body parts, familiar objects?

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Does the child sing songs, rhymes, and says his/her ABC's?

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How is the child's speech intelligibility?

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At what age did s/he make more complete short sentences?

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At this point, does s/he talk in words? Phrases? Sentences?

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Did speech-language learning ever seem to stop for a period?

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Has s/he ever talked better than s/he does now?

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Does s/he seem to be aware of his/her speech difference?

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What efforts have been made to help him/her talk better?

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When, and by whom was the speech-language difference first noticed?

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Is the child teased about his communication skills by others?

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What is his/her reaction to his/her speech?

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Does the child have difficulty understanding speech or following instructions?

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Has the child had a prior speech, hearing, or psychological examination?

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If so, please state when the examination was given, by whom and for what reason.

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<u>Type of examination</u>	<u>Given when</u>	<u>By whom</u>	<u>Reason for examination</u>
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Has the child had prior speech, hearing, or psychological therapy?

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If so, please state when the therapy was given, by whom and the reason for termination.

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<u>Type of therapy</u>	<u>Given when</u>	<u>By whom</u>	<u>Reason for termination</u>
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If there is additional information which you feel will help us to understand you child better, please describe:

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All information will be held in strict confidence and not released to any person(s) without explicit authorization nor shared with any unauthorized person.

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